

Verde L. Wallace
Special Agent

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						09/555144			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2		1				52			
3						53			
4		2				54			
5		0				55			
6		0				56			
7		0				57			
8		0				58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
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37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1					TOTAL IND.			
TOTAL DEP.	8	1	1	1	1	TOTAL DEP.	1	1	1
TOTAL CLAIMS	9					TOTAL CLAIMS			